

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TELEPHONE: (303) 740-1980

INTELLECTUAL PROPERTY LAW
1279 OAKMEAD PARKWAY
SUNNYVALE, CA 94085-4040

FACSIMILE: (303) 740-6962

RECEIVED
CENTRAL FAX CENTER

FACSIMILE COVER SHEET

NOV 07 2007

Deliver to: La Forgia, Christian A., USPTOArt Group: 2131Facsimile No.: (571) 273-8300Date: November 7, 2007From: Mark L. Watson, Reg. No. 46,322Our Docket No.: 5545P056Number of pages 13 including this sheet.Application No.: 10/782,009Filing Date: 2/19/2004Docket Due Date(s): 12/11/2007

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>After Final</u> (<u>10</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (<u> </u> pgs)	<input type="checkbox"/> Notice of Appeal (in duplicate)
<input type="checkbox"/> Application: (<u> </u> pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet (<u> </u> pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of <u>Facsimile</u>	<input type="checkbox"/> Reply Brief (<u> </u> pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA (<u> </u> pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: <u> </u> sheets, <u> </u> figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion (<u> </u> pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (<u> </u> pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.



Shannon Serrano
Shannon Serrano

11/7/2007

Date

Confidentiality Note: The documents accompanying this facsimile transmission contain information from the law firm of Blakely, Sokoloff, Taylor & Zafman which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

If you do not receive all the pages, or if there is any difficulty in receiving, please call: (303) 740-1980 and ask for Shannon Serrano.

NOV 07 2007

FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT **(\\$)** **0.00**

<i>Complete if Known</i>	
Application Number	10/782,009
Filing Date	February 19, 2004
First Named Inventor	Harikrishnan Bhaskaran
Examiner Name	La Forgia, Christian A.
Art Unit	2131
Attorney Docket No.	5545P056

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		<input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.				

FEES CALCULATION

1. EXTRA CLAIM FEES

Total Claims	28	28 ⁺	= 0	X	50.00	≈	\$0.00
Independent Claims	2	3 ⁺	= 0	X	210.00	=	\$0.00
Multiple Dependent						=	

Large Entity	Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	210	2201	105	Independent claims in excess of 3
1203	370	2203	185	Multiple Dependent claim, if not paid
1204	B10	2204	405	**Reissue independent claims over original patent
1205	B10	2205	405	**Reissue claims in excess of 20 and over original patent

¹Or number previously paid, if greater. For Reissues, see below.

80B

2. ADDITIONAL FEES

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	85	Surcharge - late filing fee or death
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet

Other fee (specify)

SUBTOTAL (2)

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Mark L. Watson	Registration No. (Attorney/Agent)	46,322	Telephone	(303) 740-1980
Signature				Date	11/07/07

Based on PTO/SB/17 (02-07) as modified by Blankley, Sokoloff, Taylor & Zafman (wlr) 02/26/2007.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

NOV 07 2007

FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

<i>Complete if Known</i>	
Application Number	10/782,009
Filing Date	February 19, 2004
First Named Inventor	Harikrishnan Bhaskaran
Examiner Name	La Forgia, Christian A.
Art Unit	2131
Attorney Docket No.	5545P056

METHOD OF PAYMENT *(check all that apply)*

<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____						
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
<table border="0"> <tr> <td><input type="checkbox"/> Charge fee(s) indicated below</td> <td><input checked="" type="checkbox"/> Credit any overpayments</td> </tr> <tr> <td><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</td> <td><input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.</td> </tr> <tr> <td><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.</td> <td></td> </tr> </table>					<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	<input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.	<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.	
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments									
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	<input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.									
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.										

FEES CALCULATION

1. EXTRA CLAIM FEES

Total Claims	28	Claims	Amount below	Fee Paid
Independent Claims	2	28 ^o = 0 x	50.00	\$0.00
Multiple Dependent		3 ^o = 0 x	210.00	\$0.00
				=

Large Entity	Small Entity	
Fee	Fee	Fee Description
Code	Code	(%)
1202	50	2202 25 Claims in excess of 20
1201	210	2201 105 Independent claims in excess of 3
1203	370	2203 185 Multiple Dependent claim, if not paid
1204	810	2204 405 **Reissue independent claims over original patent
1205	810	2205 405 **Reissue claims in excess of 20 and over original patent

^{**}or number previously paid if greater. For Previews, see below.

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	80	Extension for reply within first month
1252	460	2252	230	Extension for reply within second month
1253	1,050	2253	525	Extension for reply within third month
1254	1,640	2254	820	Extension for reply within fourth month
1255	2,230	2265	1,115	Extension for reply within fifth month
1401	510	2401	255	Notice of Appeal
1402	510	2402	255	Filing a brief in support of an appeal
1403	1,030	2403	515	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2450	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	810	1809	408	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	810	2810	408	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)				

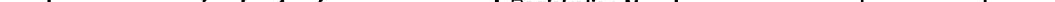
Other fee (specify)

~~SUBTOTAL (2)~~

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Mark L. Watson	Registration No. (Attorney/Agent)	46,322	Telephone	(303) 740-1980
Signature				Date	11/07/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/26/2007.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

NOV 07 2007

Our Docket No.: 005545.P056

**RESPONSE UNDER 37 C.F.R. § 1.116
- EXPEDITED PROCEDURE -
EXAMINING GROUP 2100**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Bhaskaran

Examiner: La Forgia, Christian A.

Application No.: 10/782,009

Art Group: 2131

Filed: February 19, 2004

For: Method for Packaging Information
with Digitally Signed Software without
Breaking SignatureAMENDMENT AFTER FINAL

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed on October 11, 2007, which was made final, applicant submits this Amendment After Final Action for consideration.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Patent and Trademark Office at (571) 273-8300 on the date indicated below:

November 7, 2007

Date of Deposit

Shannon Serrano

Name of Person Transmitting Correspondence


Signature _____ Date _____
11/7/07 _____